



**City of Seattle**  
**LEGISLATIVE DEPARTMENT**  
(Office of the City Clerk and Seattle City Council)

**DO NOT WRITE IN THIS SPACE**  
**For Official Use Only**

## **PUBLIC RECORDS DISCLOSURE REQUEST FORM**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

City

State

Zip

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Description of Records Requested:**

*Please provide as much detail as possible to assist in identifying the records sought. Include subject, titles, acronyms, dates, and offices to be searched.*


*\*Some records may be specifically exempt from disclosure. RCW 42.56.070(1)*

### **REQUESTED RECORDS ARE FOR:**

\_\_\_\_REVIEW \_\_\_\_COPYING \_\_\_\_INSPECTION, THEN COPYING OF SELECTED PAGES

*\*There is no cost to review or inspect public records. Copies of records will incur the statutory 15 cents per page copying fee.*

I hereby declare under penalty of perjury under the laws of the state of Washington, RCW 42.56.070(9), that should my request contain a list of individuals, the information obtained through this request will not be used for commercial purposes.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

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